

Adapt of Missouri
ITCD

Arthur Center
ITCD

Bootheel Counseling Services
ITCD, DBT

Burrell Behavioral Health
ACT, ACT-TAY, SPECIALTY
TEAMS, ITCD, DBT

BJC Behavioral Health
ACT TAY, ITCD, DBT

Clark Mental Health Center
ITCD

Compass Health
ACT, ACT-TAY, SPECIALTY
TEAMS, ITCD, DBT

Community Counseling Center
ITCD

Comprehensive Health Systems
Inc.
ITCD

Comtrea
ITCD, DBT

Family Counseling Center
ITCD

Family Guidance Center
ITCD

Hopewell
ACT TAY, ITCD

Independence Center
ITCD

Mark Twain Behavioral Health
ITCD, DBT

Mineral Area
ITCD

New Horizons
ITCD

North Central MHC
ITCD

Ozark Center
ACT, ACT-TAY, ITCD, DBT

Ozarks Healthcare
ITCD

Places for People
ACT, FACT, ITCD, DBT

Preferred Family Healthcare
ACT TAY, ITCD, DBT

ReDiscover
ITCD, DBT

St. Patrick Center
ACT

Swope Health Services
ITCD

Tri-County Mental Health
ITCD, DBT

University Health
ITCD, DBT

Evidence Based Services Newsletter

- **ASSERTIVE COMMUNITY TREATMENT (ACT) WEB PAGE—[CLICK HERE](#)**
- **INTEGRATED TREATMENT FOR CO-OCCURRING DISORDERS (ITCD) WEB PAGE—[CLICK HERE](#)**
- **DIALECTICAL BEHAVIOR THERAPY (DBT) WEB PAGE—[CLICK HERE](#)**

WINTER 22-23

PAGE 1

Hello from DMH

by Cla Stearns, DMH Children's Director

Hello from the DMH Children's Office! As the holiday season approaches, it's a good time to connect with the children and youth in your life and in your community. Many of my happiest childhood memories are of long trips to visit with grandparents, playing football with cousins, walking in the woods, too-warm houses with lots of chatter and the smell of good food coming from the kitchen. It's still a special part of the year for me as I anticipate time spent with my children and grandchildren. I don't need to remind any of us that those scenes aren't universal, and I'm not calling on anyone for heroic measures, but an extra kind word here or there, some additional attention and maybe a few extra bucks to a charity can make a world of difference.

I was asked to include a bit of information about myself, so here goes: I was raised in Illinois and Central Missouri, graduated from a small rural school before attending the University of Missouri (three times) and settling down in the Boonville area. My wife is a pediatric Occupational Therapist with contracts with three small school districts in Central Missouri, and I've been involved with the mental health and disability world for nearly three decades now. Before being named Children's Director for DMH I spent a bit over ten years on the Division of Developmental Disabilities side of DMH, first as Director of

Intake, Assessment and Utilization Review for DD and the as Assistant Division Director with responsibilities over Regional and Satellite offices in the western part of the state. Prior to that I worked as Behavioral Health Care Manager for a managed Medicaid program, as a private practice psychologist working with individuals, families and organizations, in psychological and neuropsychological clinics, and as a Vocational Rehabilitation counselor.

Throughout our careers we sometimes latch onto phrases or sayings that really speak to us and can become guiding principles for our life. I have two. First, "It's the job of leaders to make it easier for others to do a great job." To me, that suggests several things, one of which is understanding what constitutes a "great job" and identifying those elements that are standing in the way of achieving that goal. This matches well with the concept of servant leadership. I know that I don't know all the problems out there, much less all the solutions. I also realize that the folks in the system that actually do the work, those that provide therapy and medication refills, those that care for the daily living needs of those who cannot care for themselves, those that provide all the absolutely critical support on the front lines, those are the real experts on what we do well and what we could do better.

Continued page 2....



To find past issues of the Newsletters go to the DMH web pages at:

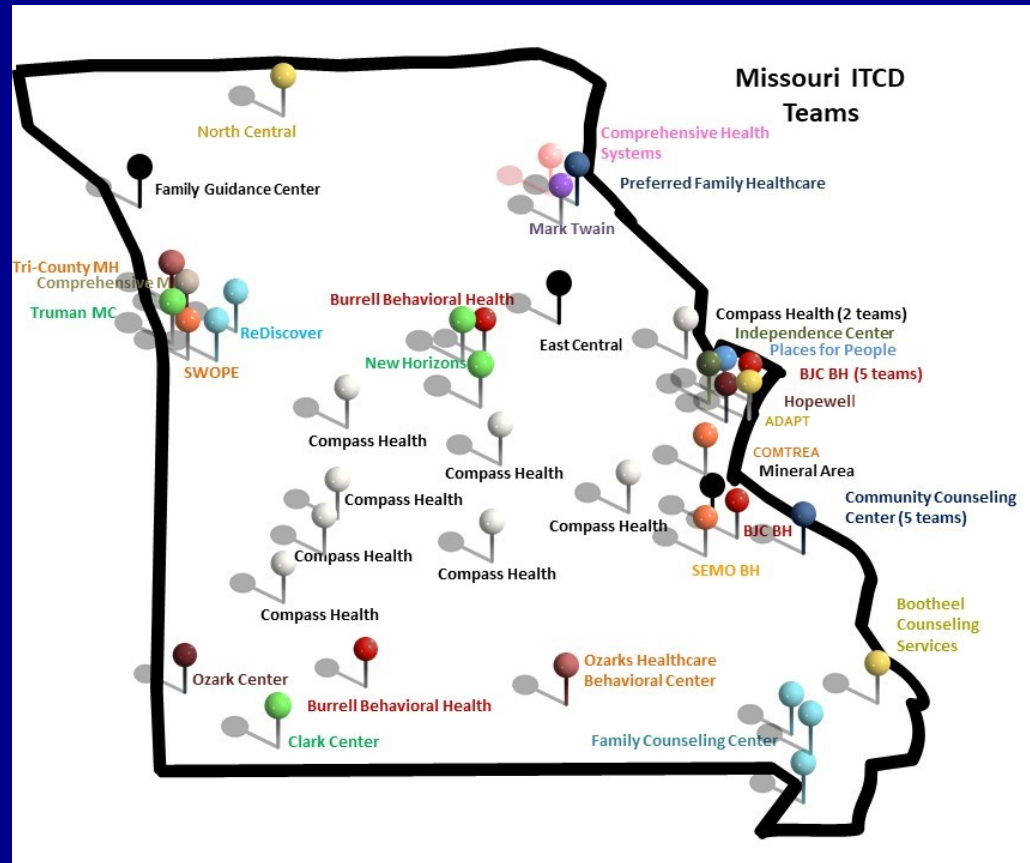
<https://dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/provider-act>

Or
<https://dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/itcd>

Scroll down to
“newsletters” and find
your archived online
copy!

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Hello from DMH by Cla, continued...

A second principle is this; “Conflict stems from unrealized expectations.” People come to DMH seeking help of some sort for themselves or for a loved one, or perhaps it’s a professional from another organization looking to address some unmet need for a person with whom they are working. It’s our job to provide that help either directly or indirectly with kindness, grace and expertise even in situations where they don’t fully know exactly what they are asking for! Clear communication requires avoiding assumptions and asking good questions, and it also requires looking for good intentions when it is so easy to come at problems with an “us versus them” mentality.

I was just forwarded a thank-you note from a parent who shared the fantastic impact experience made from a two hour meeting with a Youth Behavioral Health Liaison. That YBHL was, in one sense, just doing her job, but it's a great reminder of how truly impactful each and every one of us are every day. You make a difference! Never forget that.

TEAM MEMBER SPOTLIGHT



For resource information on Supported Employment and Education services for Transitional Age Youth, visit the DMH website:

<https://dmh.mo.gov/mental->

Harvard for Developing Child <https://developingchild.harvard.edu/>

The National Child Traumatic Stress Network <https://www.nctsn.org/>

ITCD Toolkit from SAMHSA

<https://www.samhsa.gov/resource/ebp/integrated-treatment-co-occurring-disorders-evidence-based-practices-ebp-kit>

Name: Christina Lackey

Team/Location: Ozark Center Dialectical Behavior Therapy Team, Joplin Mo.

Position/Role: Ozark Center's DBT Team Lead and Clinical Supervisor for Ozark Center Turn-around Ranch

Favorite thing about working on an EBP team: One thing that I feel we as clinicians in the mental health field can't get enough of, is support, encouragement, and training. Being a part of the DBT team helps provide all three of these things. In an environment where we are go, go, go as soon as we enter the building, it is nice to have once a week where we slow down and spend some time with other people who are in the mix of it with us. It helps us know that we are not alone in our offices trying to figure it all out by ourselves. Our team is great at supporting each other, processing struggles with cases, keeping us in the DBT mindset, and challenging each other to provide the best care to our clients.

Favorite Food or activity: My favorite activity is going on cruises. I love getting to see new places and disconnecting from reality and spending time with my muse, the ocean.

Something to share with other EBP teams: Something I would share with other EBT teams is that it is super important to surround ourselves with people who support us, and also challenge our views and thoughts. It is a good thing to have different viewpoints on a situation because that is how we grow professionally and provide the best care possible.

Fidelity Corner

ITCD: Interventions to Promote Health Scale Item 13

When we hear the term "promote health" we often think of overall, general efforts to help individuals stay healthy. After all, studies show individuals with severe mental illness have high rates of chronic disease and early death. However, for ITCD teams, the focus is beyond "general" health promotion.

They serve individuals with severe mental illness and substance use. The ITCD protocol defines this as interventions specifically addressing the negative effects on a person's health related to the substance use. Those are assessed through the supplemental ITCD client assessment upon admission and ongoing. For example, while it is good to help individuals lose weight, eat healthy and exercise, individuals who use substances often experience negative effects on not only their weight and nourishment, but potentially on other parts of the body or in other "wellness" areas of their lives such as safety, safe, affordable housing, infectious disease risk, supportive social network, employability, etc.

During a fidelity review, the review team will consider sources of information including staff interviews, client progress notes, assessments, assessment recommendations, treatment plan goals and interventions, observation of team meetings and groups and

interviews with the clients. Within that information, they look for an indication that the team is actively identifying and addressing those negative effects upon the person that is a result of substance use. In addition, the team tries to determine the degree that the ITCD specialist engages in health promotion activities through counseling and that they are helping the client become aware of the link between those negative effects with the use of substances. They also determine if group material or 1:1 interventions address this link and reflect that the client is being assisted with developing strategies to reduce the threat to their health and safety.

Often, this can be found in treatment recommendations from the assessment, documented staff interventions in relation to client goals in the treatment plan, specific interventions within the progress notes from the RN, physician, specialist, case managers, peers, housing staff and employment specialists.

Many times, good examples of these types of interventions are heard in interviews but the documentation to support them is weak or non-existent. Teams with strong focus on interventions to promote health will ensure that they know what those types of interventions entail, how to make the connection between the need for those interventions and the cause and lastly, how to clearly document the interventions in the record.



Online Manuals:

<http://navigateconsultants.org/manuals/>

Find out more about the TMACT here:
<http://www.institutebestpractices.org/tmact-fidelity/more-about-the-tmact/>

At the Institute for Best Practices

Have questions about WRAP trainings?

Contact

lori.franklin@dmh.mo.gov

Be sure to check out our training library links on these web pages under "Training Library" Click one below:

[ACT](#)

[ITCD](#)

[DBT](#)



RESOURCES



Center for Evidence-Based Practices at Case Western Reserve University

<http://www.centerforebp.case.edu/>

Individual Resiliency Training (IRT)

<http://navigateconsultants.org/manuals/>

Copeland Center for Wellness and Recovery

<http://copelandcenter.com/wellness-recovery-action-plan-wrap>

Division of Behavioral Health Employment Services

<https://dmh.mo.gov/mental-illness/employment-services>

IPS Employment Center

<https://ipsworks.org/>

Certified Peer Specialist

<https://dmh.mo.gov/mental-illness/peer-support-services>

SSI/SSDI Outreach, Access and Recovery (SOAR)

<http://soarworks.prainc.com/>

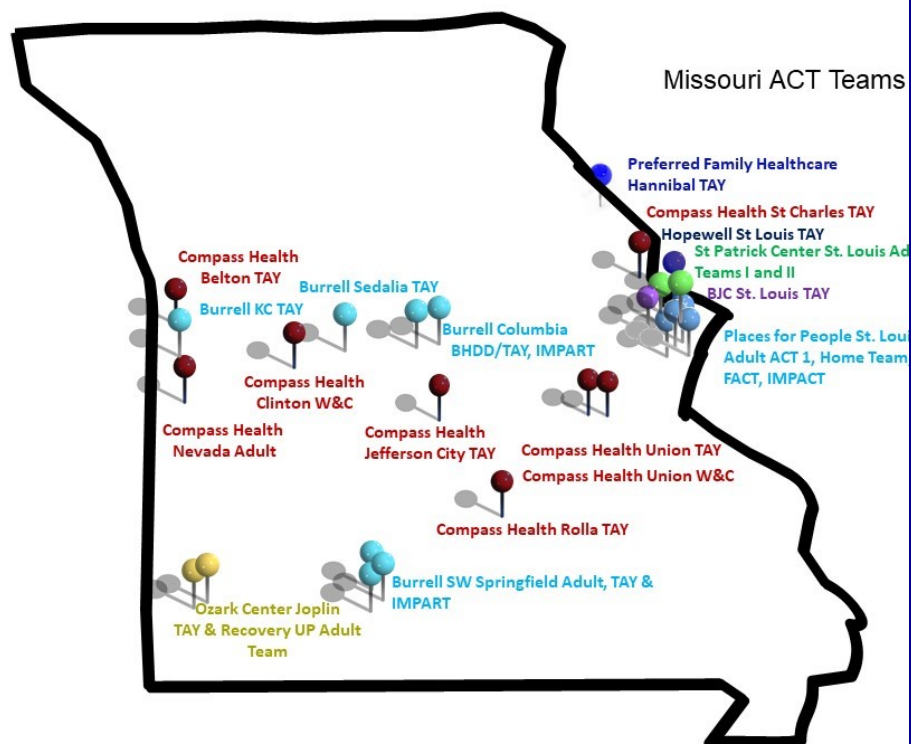
Institute for Best Practices (TMACT website)

<https://www.institutebestpractices.org/tmact-fidelity/more-about-the-tmact/>

Missouri Children Trauma Network <https://www.mocn.com/>

Healthy Families of America

<https://www.healthyfamiliesamerica.org/>



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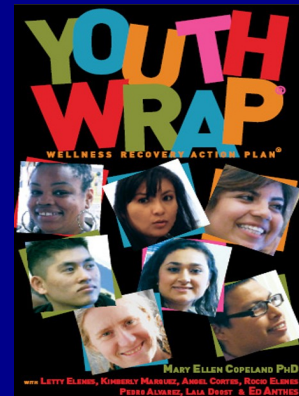
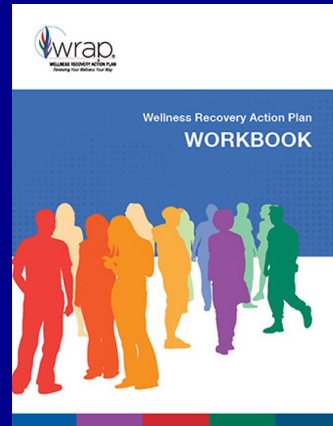
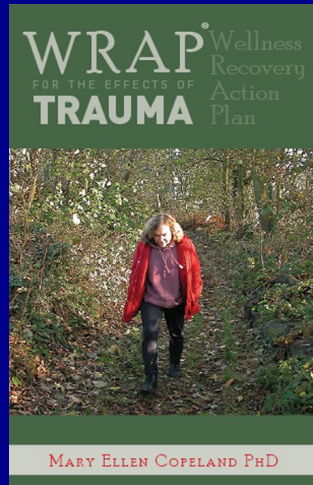
To access the free
and downloadable
**Supported Housing
Toolkit** on the
Substance Abuse
and Mental Health
Services Admin-
istration
(SAMHSA) web-
site:
CLICK HERE



Take the free
SOAR
online
training
course by
visiting

<http://soarworks.prainc.com/course/ssissdi-outreach-access-and-recovery-soar-online-training>

Need WRAP manuals and publications? Find them here <https://www.wellnessrecoveryactionplan.com/shop/page/5/> at minimal cost and discounts for bulk purchases:



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Missouri

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NAMI Support
Group listings
can be found at:
<https://namimissouri.org/support-groups/>

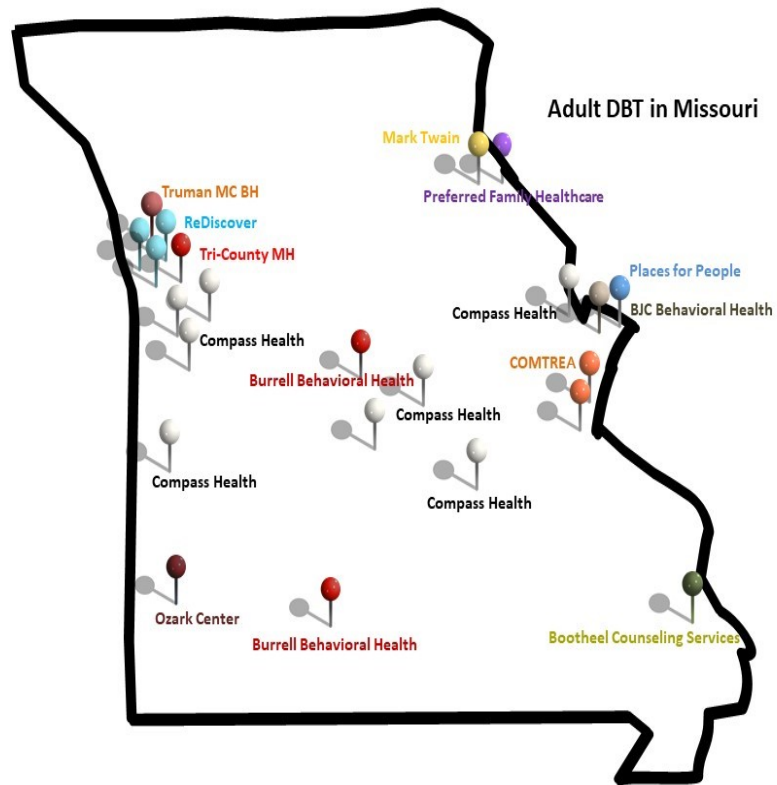


DBT website—information,
membership, training events,
certification, directory,
resources, links and support!

[Click Here](#)



<http://www.nasmhpd.org/content/early-intervention-psychosis-eip>

**Now Open for Entries:****The Annual Director's Creativity Showcase**

Entry Deadline: Friday, January 27, 2023

The annual Director's Creativity Showcase is sponsored by the Missouri Mental Health Foundation (MMHF) and the Missouri Department of Mental Health.

This annual event displays the talents of individuals receiving services for mental illness, developmental disabilities, or in recovery for substance use disorders. This event serves as an inspiration to all who participate and experience these artistic creations.

Click [here](#) to learn more and view the event information

Missouri

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If you have any questions about further developing Motivational Interviewing in your practice, feel free to contact Scott Kerby. He has information on free and cost effective products and can help with your Motivational Interviewing needs.

skerbyconsulting@gmail.com

Past issues of the DMH "FYI Fridays" by Nora Bock can be found at:

<https://dmh.mo.gov/mental-illness/fyi-fridays>

DBT fidelity reviewing is underway in 2022! Reviews occur for adult and adolescent programs once every 2 years. Check to see in what month/year your team is scheduled by contacting Lori Norval lori.norval@dmh.mo.gov

Motivational Interviewing Corner

By Scott Kerby

With pandemics, staff shortages, and an uptick in those seeking services, several agencies are dealing with waitlists and figuring out the best way to help clients in a timely manner. In response to this need, I have been working with a few groups on implementing Motivational Interviewing Groups to target waitlists and to increase capacity. I wanted to make you aware of resources related to MI in groups that I have been utilizing, which might be helpful to your agency as well.

Several years ago I was working in an agency and we implemented two MI groups with two specific goals (outside of our regular use of MI within groups) The first was to help re-engage clients and help increase their motivation for change, hoping that would get that back into services. The second was to address our waitlist that had grown very quickly due to illnesses and some staffing issues. The re-engagement groups had some success, but after about 4 rounds of four week groups, we stopped the pilot because we didn't have enough clients to continue. The waitlist groups, which were 8 week open groups, were also successful and quite helpful while we were short staffed. After a few rounds our waitlist was gone, and we stopped utilizing that group.

With our current situation, it has been nice to return to this sev-

eral years later. Research shows that clients on waitlists do just that...they wait. They don't tend to pursue sobriety on their own; they don't tend to really improve...they are just waiting for treatment. Strategies like MI groups for waitlists have been shown not only to help with engagement, but also are often significant enough to help clients make changes in their substance use, even if they receive no other treatment.

Here are a couple of resources you can check out for MI groups. The first is a pdf from the ATTC that is a very thorough treatment of MI groups. It is a free resource that provides detailed information on MI groups that includes group theory, MI practice, and materials for a 4 or 10 week group. Here is the link:

<http://people.uncw.edu/ogler/MI%20Groups%20for%20Com%20SA%20Prog.pdf> I also highly recommend the book Motivational Interviewing in Groups by Chris Wagner and Karen Ingersoll. They are also the authors of the ATTC resource linked above.

Perhaps you have a specific need like re-engagement or client waitlists, or maybe you just want to dive into more robust MI groups. Either way, I hope these are helpful resources for you. Until next time, keep reflecting.



Arts & Literature

Expression



Art submitted by
Burrell Columbia
TAY/BHDD ACT Team

Flowers made by using string



Creativity

Send your individual's art (photos, photos of artwork, testimonials, poems, etc.) to Lori Norval at lori.norval@dmh.mo.gov for submission to this newsletter. Please indicate if the individual wishes to be named along with the team they receive services from.

Thank you!

